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| 姓名 |  | | | 性别 | |  | | | | 民族 | |  | | （一寸照片） | | |
| 出生年月 |  | | | 政治 面貌 | |  | | | | 入党  时间 | |  | |
| 身份证号 |  | | | | | | | | | | | | |
| 学 历 |  | | | 毕业 院校 | |  | | | | | | | |
| 学 位 |  | | | 专业 | |  | | | | | | | |
| 户口所在地 | | | |  | | | | | | | | | | | | |
| 实际居住地 | | | |  | | | | | | | | | | | | |
| 职 称 | |  | | | | | 所持  证书 | |  | | | | 获证时间 | | |  |
| 健康状况 | |  | 婚育状况 | | | |  | | 有何特长 | | | |  | | | |
| 家庭住址 | |  | | | | | | | 联系电话 | | | |  | | | |
| 手机 | | | |  | | | |
| 家庭成员中是否有残疾人士 | | | | |  | | | 与本人关系 | | |  | | | | | |
| 本人简历 | | | | | | | | | | | | | | | | |
| 时间 | | | 工作（学习）单位 | | | | | | | | | | | | 职务 | |
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| 承诺 | | | 以上内容，全部真实，若有弄虚作假，愿承担由此造成的一切后果。  承诺人（签名）：  年 月 日 | | | | | | | | | | | | | |

**苏州高新区（虎丘区）残联招聘残疾人专职委员报名登记表**